

**DAILY DIARY**



UNDERGRADUATE / DIPLOMA

INDUSTRIAL TRAINING

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| **APPRENTICE’S DAILY DIARY**  Name: ………………………………………………………………………………………………  Apprentice’s Private Address: ……………………………………………………………………..  Contact Phone Number: ……………………………………………………………………………  Category: ………………………………………………………………………...............................  Field/Trade of Training: …………………………………………………………………................  Registration Number given by the University/Institute/College: …………………….….................  Registration Number given by the NAITA: ……………………………………………………….  Name of Training Establishment: (1.) ……………………………………………………………...  Period of Training From: ……………………To: ………………………………..  (2.) …………………………………………………………….. | | | | | |
| **Name and Address**  **Of Establishment** | **Workshops/**  **Worksites** | **Period** | | **Signature of Officer In Charge (With Rubber Stamp)** | **Designation** |
| **From** | **To** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**WEEK NO :………………**

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| **FOR THE WEEK ENDING TRAINING LOCATION**    **Sunday ……./……./……….. ………………………………………..** | | |
| **Day** | **Date** | **BRIEF DESCRIPTION OF THE WORK CARRIED OUT** |
| **Monday** |  | **!---DAY1---!** |
| **Tuesday** |  | **!---DAY2---!** |
| **Wednesday** |  | **!---DAY3---!** |
| **Thursday** |  | **!---DAY4---!** |
| **Friday** |  | **!---DAY5---!** |
| **Satur**  **day** |  |  |
| **Sunday** |  |  |

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| **DETAILS AND NOTES OF WORK CARRIED OUT, PROBLEMS ENCOUNTERD AND HOW SOLVED ETC., DIMENSIONS AND SKETCHES TO BE GIVEN WHEREVER POSSIBLE** |
| !---LEARNINGS---!  **…………………………………**  **SIGNATURE OF TRAINEE** |
| **DETAILS AND NOTES OF WORK CARRIED OUT, PROBLEMS ENCOUNTERD AND HOW SOLVED ETC., DIMENSIONS AND SKETCHES TO BE GIVEN WHEREVER POSSIBLE** |
| **…………………………………**  **SIGNATURE OF TRAINEE** |
| **REMARKS AND CERTIFICATION BY THE ENGINEER / T.O** |
| **……………………………**  **SIGNATURE** |

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| FOR USE BY NAITA/UNIVERSITY/INSTITUTION OFFICIALS ONLY  **INSPECTION REPORT** |
| **Inspection 01** |
| NAME AND DESIGNATION OF OFFICER: DATE  ………………………………………………. ……………………. |
| REMARKS:  ……………………...  SIGNATURE |
| **Inspection 02** |
| NAME AND DESIGNATION OF OFFICER: DATE  ………………………………………………. ……………………. |
| REMARKS:  ……………………...  SIGNATURE |

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| **PROGRESS REPORT OF AN ESTABLISHMENT ON TRAINING**  **PERFORMANCE**  Name of Establishment :……………………………………………………………………………………..  Period of Training – From:………………………………………………………To:………………………. | | |
| Comments of Training Supervising Officer on Trainee’s   1. Conduct 2. Attitude to work 3. Attendance | | |
| NO.OF DAYS LEAVE TAKEN | AUTHORIZED | UNAUTHORIZED |
|  |  |  |
| Signature of the officer in-charge of training.  (with rubber stamp) | | |

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| Signature of the officer in-charge of training.  (With rubber stamp) | | |